

THE CITY OF  
**BERWYN ILLINOIS**



6700 West 26th Street  
Berwyn, Illinois 60402-0701

**Employee Absence Form**

**Employee Name:** \_\_\_\_\_  
(Please Print)

**Department:** \_\_\_\_\_

**Employee Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Check Only One)

- ☐ Vacation
- ☐ Sick Day
- ☐ Personal Day
- ☐ Other

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Number of Days/Hours:** \_\_\_\_\_

**Reason:**

Please include dates, time  
and reason for absence.

Submit this form along with  
timesheets and any necessary  
documentation to the Payroll  
Department.

**Employee Signature:** \_\_\_\_\_

**Supervisors Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_